

BRFSS Brief

Number 2022-07

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several US Territories. The New York BRFSS is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Cannabis Use

New York State Adults, 2020

Introduction and Key Findings

Cannabis, or marijuana, refers to the dried flowers, leaves, stems, and seeds of the cannabis plant. Cannabis contains more than 100 compounds or cannabinoids, including THC, which is psychoactive (or causes a high), as well as cannabidiol (CBD) which is not psychoactive.¹ Cannabis is commonly used in the United States with an estimated 48.2 million people consuming it in 2019.² It can be consumed in several ways and for different reasons. Some people use cannabis for the high it produces and others for therapeutic benefits or medical purposes (to treat or decrease symptoms of a health condition). The New York State (NYS) Department of Health (DOH) established a regulated medical cannabis program in November 2016 allowing doctors or other health care providers to prescribe cannabis for treatment of debilitating or life-threatening medical conditions. In NYS, adult-use cannabis became legal for individuals aged 21 and older on March 31, 2021.³ Methods or modes of cannabis use include smoking (joints, blunts, or using bong), vaping (using electronic vaporizing devices), and mixed or infused into foods or drinks (called edibles). Additionally, dabbing is when people inhale the oil concentrates and other extracts from the cannabis plant.

Cannabis is believed to have a wide effect on health, but more research is needed. Findings suggest certain cannabinoids can be beneficial in relieving some of the side effects of cancer treatments, as well as treating conditions such as epilepsy and seizure disorders, HIV infection and AIDS, inflammatory bowel disease (IBD), dementia, rheumatoid arthritis, and neuropathic pain (pain caused by damaged nerves).^{4,5} Reported short-term side effects of cannabis use include cognitive impairment (impacting driving skills), anxiety, and paranoia. Repeated use is associated with long-term side effects including cannabis use disorder (dependence); impact on brain development in babies, children, and teens; impaired respiratory function; increased risk of cardiovascular disease; and potential adverse effects on mental health.⁶ The NYSDOH is committed to monitoring trends in adult cannabis use to understand use in the population and its associated impact on health and health-related outcomes.

Key Findings

An estimated 1.6 million NYS adults aged 18 and older (12.8%) report using cannabis in the past 30 days. Just over half of the adults who consume cannabis, or 6.8% of all adults, consume it less than 20 days per month, while an estimated 6% of adults consume cannabis daily or near daily (20 or more days per month). Of those who consume cannabis, the most common mode of cannabis use is smoking (73.8%) followed by eating (12.1%) and vaporizing (9.3%). Among cannabis consumers, 44% use it for non-medical reasons alone, 36% for medical and non-medical reasons, and 19% for medical reasons only. In total, eight out of 10 New Yorkers who consume cannabis use it, in part, for non-medical reasons, while five out of 10 use it, in part, for medical reasons*.

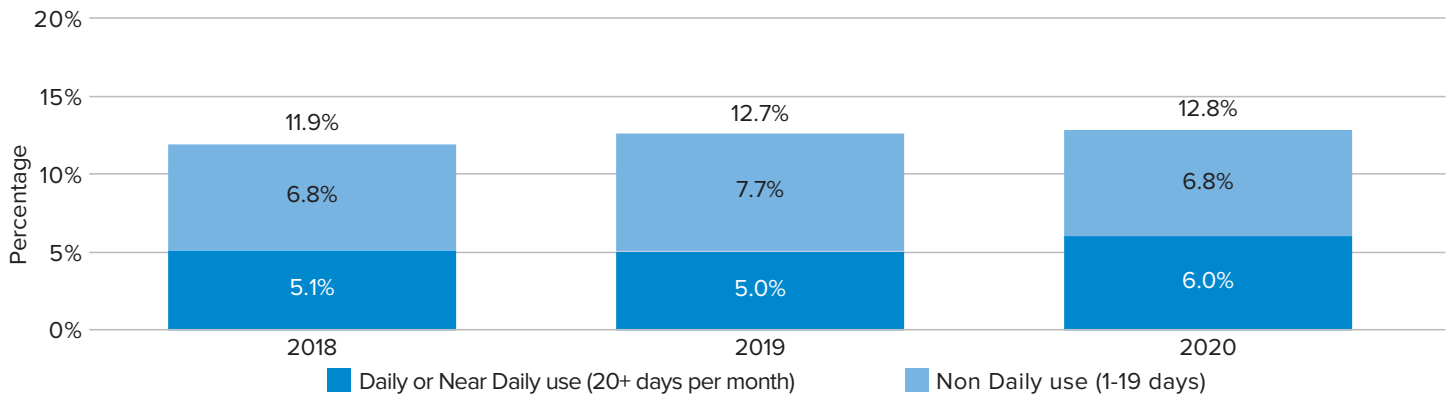
Prevalence of cannabis use decreases with increasing age and is significantly higher among males and individuals who self-identify as lesbian, gay, bisexual, or other sexual orientation (LGBQ) or transgender. Both non daily cannabis use and daily or near daily cannabis use are significantly higher among adults who report frequent mental distress, currently smoke, use e-cigarettes, and report binge or heavy drinking.

*Note: While respondents reported they consume cannabis for medical reasons, they were not necessarily registered patients with the NYS medical cannabis program.

BRFSS questions

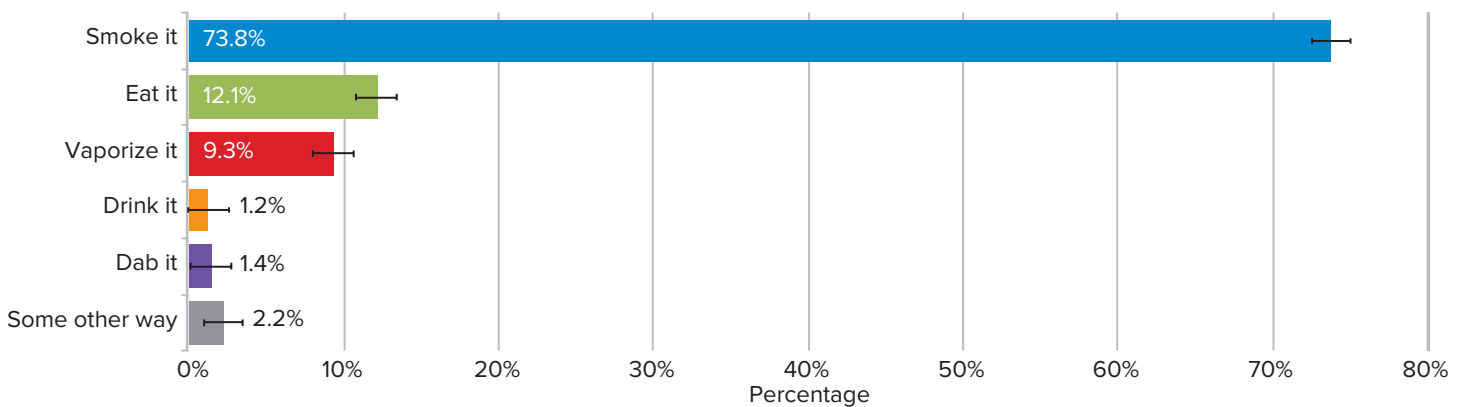
1. During the past 30 days, on how many days did you use marijuana or cannabis?
2. During the past 30 days, which one of the following ways did you use marijuana the most often? Did you usually:
1) smoke it, 2) eat it, 3) drink it, 4) vaporize it, 5) dab it, or 6) was it used some other way?
3. When you used marijuana or cannabis during the last 30 days, was it usually:
1) for medical reasons (to treat or decrease symptoms of a health condition)
2) For non-medical reasons (to have fun or fit in)
3) For both medical and non-medical reasons

Figure 1. Prevalence of cannabis use among New York State adults, by BRFSS survey year



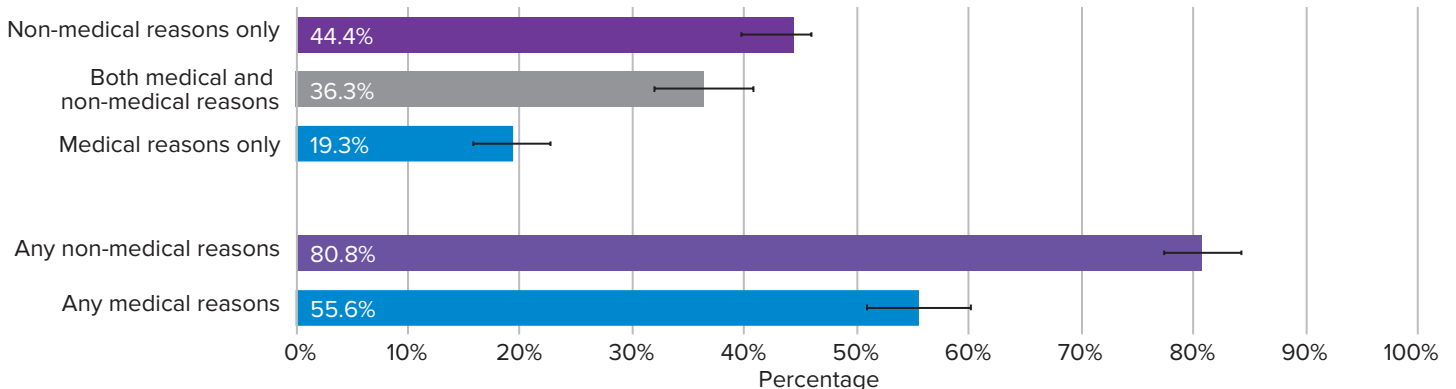
Note: Error bars represent 95% confidence intervals.

Figure 2. Mode of cannabis use among New York State adults reporting cannabis use, BRFSS 2020



Note: Error bars represent 95% confidence intervals.

Figure 3. Reasons for cannabis use among New York State adults reporting cannabis use, BRFSS 2020



Note: Error bars represent 95% confidence intervals.

Table 1. Cannabis use among New York State adults^a, 2020 BRFSS

	Any Use in past 30 days		Non Daily Use (1-19 days past month)		Daily or Near Daily Use (20+ days past month)	
	% ^b	95% CI ^b	%	95% CI	%	95% CI
New York State (NYS) [n=14,232]	12.8	11.7-13.9	6.8	6.0-7.6	6.0	5.2-6.8
Region						
New York City (NYC)	11.6	10.0-13.3	6.3	5.1-7.6	5.3	4.1-6.6
NYS exclusive of NYC	13.4	12.0-14.8	7.1	6.0-8.1	6.3	5.3-7.4
Sex^c						
Male	16.0	14.2-17.8	8.3	7.0-9.6	7.7	6.3-9.0
Female	9.9	8.6-11.2	5.4	4.5-6.4	4.4	3.5-5.3
Sexual Orientation and Gender Identity						
Lesbian, gay, bisexual, other sexual orientation (LGBQ) or transgender	27.0	22.1-31.9	12.6	9.1-16.1	14.4	10.4-18.4
Heterosexual/straight and cisgender ^d	12.0	10.8-13.1	6.5	5.6-7.3	5.5	4.7-6.4
Race/ethnicity						
White, non-Hispanic	13.7	12.3-15.1	7.5	6.5-8.5	6.2	5.2-7.2
Black, non-Hispanic	18.2	14.2-22.2	8.2	5.4-11.1	10.0	6.7-13.2
Hispanic	10.2	7.8-12.6	5.8	3.9-7.7	4.4	2.8-6.0
Other race only, non-Hispanic ^e	5.7	2.8-8.5	3.6	1.0-6.3	2.0	0.8-3.3
Multiracial, non-Hispanic	15.9	7.1-24.7	10.6	4.5-16.7	--	--
Age (years)						
18-24	25.6	20.7-30.5	13.6	9.8-17.4	12.1	8.4-15.8
25-34	22.8	19.1-26.5	11.0	8.3-13.7	11.8	8.9-14.7
35-44	14.0	11.3-16.7	7.7	5.6-9.9	11.8	8.9-14.8
45-54	9.0	7.0-11.1	4.0	2.8-5.2	5.0	3.3-6.8
55-64	7.7	6.2-9.2	4.8	3.6-6.0	2.9	2.0-3.8
65+	3.9	3.0-4.9	2.9	2.1-3.6	1.1	0.6-1.6
Educational attainment						
Less than high school (HS)	9.5	6.1-12.9	2.9	0.7-5.0	6.6	3.8-9.4
High school or GED	14.2	11.7-16.6	6.5	4.8-8.2	7.7	5.7-9.6
Some post-high school	15.4	13.1-17.7	8.9	7.0-10.7	6.5	4.9-8.1
College graduate	11.0	9.6-12.5	6.9	5.8-8.1	4.1	3.2-5.0
Annual household income						
<\$25,000	15.5	12.6-18.4	6.1	4.1-8.0	9.4	7.1-11.8
\$25,000-\$49,999	13.0	10.5-15.5	5.8	4.2-7.4	7.2	5.2-9.2
\$50,000 and greater	12.8	11.2-14.3	8.1	6.8-9.3	4.7	3.7-5.7
Missing ^f	10.1	7.6-12.6	5.6	3.7-7.5	4.5	2.7-6.2
Employment status						
Employed	13.6	12.1-15.0	7.7	6.5-8.9	5.8	4.8-6.9
Unemployed	18.9	14.5-23.3	8.6	5.5-11.8	10.3	6.8-13.8
Not in labor force	10.0	8.3-11.7	5.1	3.9-6.2	5.0	3.6-6.3
Health care coverage type						
Private	13.9	12.3-15.5	8.2	7.1-9.5	5.6	4.5-6.7
Medicare	6.1	4.7-7.6	3.2	2.2-4.1	3.0	1.9-4.0
Medicaid	16.8	13.3-20.3	6.8	4.5-9.1	10.0	7.2-12.9
Other insurance ^g	9.4	5.9-12.9	4.1	1.8-6.4	5.3	2.6-8.0
No coverage	14.8	10.7-18.9	6.8	3.8-9.9	8.0	5.0-11.0
Disability^h						
Yes	14.8	12.4-17.1	6.5	4.8-8.1	8.3	6.4-10.1
No	12.2	11.0-13.5	6.9	6.0-7.9	5.3	4.4-6.2
Frequent mental distressⁱ						
Yes	28.2	24.0-32.4	12.3	9.2-15.5	15.8	12.4-19.3
No	10.2	9.5-11.7	6.0	5.2-6.9	4.7	3.8-5.3
Current smoker^j						
Yes	28.8	24.5-33.2	11.3	8.1-14.6	17.5	13.9-21.1
No	10.6	9.6-11.7	6.1	5.4-6.9	4.5	3.7-5.2
Current E-cigarette use						
Every day or some days	56.0	48.0-63.9	26.6	19.0-34.1	29.4	21.5-37.3
Not at all or never	11.0	9.9-12.0	6.0	5.2-6.7	5.0	4.2-5.7
Binge or heavy drinker^k						
Yes	32.2	28.4-36.0	17.1	13.9-20.3	15.1	12.2-19.3
No	9.1	8.0-10.1	4.8	4.1-5.6	4.2	3.5-5.0

^a Rows are suppressed when there are less than 50 observations, a confidence interval with a half-width of greater than 10, or when the standard relative error is greater than 0.30.

^b % = weighted percentage; CI = confidence interval.

^c Respondents asked "Are you male or female?"

^d Heterosexual or straight are people who are sexually oriented toward people of the opposite, usually binary, gender; Cisgender is a person whose current gender corresponds to the sex they were assigned at birth.

^e American Indian, Alaskan Native, Asian, Native Hawaiian or other Pacific Islander, or other race.

^f "Missing" category included because more than 10% of the sample did not report income.

^g Includes TRICARE, VA/Military, and Indian Health Services.

^h All respondents who report having at least one type of disability (cognitive, mobility, vision, self-care, independent living, or hearing).

ⁱ All respondents who report problems with stress, depression, or emotions on at least 14 of the previous 30 days.

^j All respondents who have smoked at least 100 cigarettes in their lifetime and currently smoke on at least some days.

^k Binge drinking is defined as consuming four or more drinks for women and five or more drinks for men on a single occasion in the past month; heavy drinking is defined as eight or more drinks per week for women and fifteen or more drinks per week for men.

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Program Contributions

New York State Department of Health
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